

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Bm		07-31-01
O.I.P.E. CLASSIFIER		43	8/8/01
FORMALITY REVIEW	BE	87	09-10-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

10/12/05

Claim	Final	Original	Date
1	✓		
2	✓		
3	✓		
4	✓		
5	✓		
6	✓		
7	✓		
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50	✓		

Claim	Final	Original	Date
51	✓		
52	✓		
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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